



INTEGRATED FAMILY PLANNING/REPRODUCTIVE HEALTH PRESERVICE MIDWIFERY EDUCATION ESTABLISHED AND FUNCTIONING IN TURKEY

Turkey country statistics*:

Total Population:
65.7 million

Maternal Mortality Rate:
130/100,000

Total Fertility Rate:
2.12

Contraceptive Prevalence:
38% Modern Method

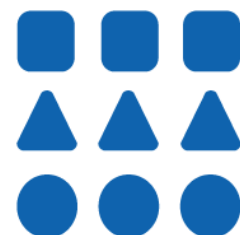
Adult HIV/AIDS rate:
0.01%

*Source: DHS 1998,
CIA Fact Book 2001

High quality preservice education is essential to improving and sustaining effective health service delivery programs. Such programs produce a steady supply of knowledgeable and skilled healthcare providers, thereby reducing the need for expensive inservice training. A program evaluation and cost study of the preservice initiative led by the Training in Reproductive Health (TRH) Project in Turkey demonstrated that quality of care at preservice clinical training sites has been sustained, and the overall education program remains cost-effective. The continued use of contraceptive demonstration kits during counseling is an example of sustained improvement in care. In addition, client interviews highlighted appreciation for the improved treatment, willingness to refer relatives and neighbors, motivation to travel to the improved services, and appreciation for receiving more information during counseling sessions. Further, the cost study revealed that training a midwife before her graduation costs 15.3% of the cost of providing inservice training after graduation.^{1,2}

One of the keys to success in the Turkey preservice program has been the emphasis on monitoring student progress through the use of checklists for supervisory and training skills to ensure that students are competent healthcare providers before their deployment. Faculty members consistently assess the quality of care provided at the clinical training sites, assisting with problem-solving exercises and providing feedback to healthcare providers and clinical trainers. This assessment has resulted in improved family planning and reproductive health (FP/RH) service delivery and heightened client satisfaction. Comments such as, "I came here, although it is far from my home, [because] the best services are here" are typical of those heard in client exit interviews at these sites. Overall, the TRH preservice program clearly demonstrates that improved preservice education results in high quality healthcare services without increasing training costs.

The preservice initiative built on earlier work by TRH and key partners to strengthen midwifery training through the development of standards and guidelines, training materials, and clinical trainers. Selective inservice midwifery training and preservice midwifery education are now consistent and linked to each other through the use of the same clinical training sites and one group of trainers. This linkage has helped to facilitate decentralization of training to the provincial level, resulting in an expanded midwifery training capacity. In addition, a national-level system is now functioning to certify midwifery students to provide IUD services and general FP counseling in both the public and private sectors. The overall training system is now more efficient, flexible, and better able to meet the demand for services in a country where midwives provide 63% of all FP/RH services.



¹ Saat Z et al. 1999. *Evaluation Report of Strengthening Family Planning Training Project Conducted in Eight Vocational High Schools and Two University-Based Midwifery Schools: 1998–1999 Educational Year*. JHPIEGO/Turkey Office: Ankara, Turkey.

² Özek B et al. 2002. *Establishing Integrated Family Planning/Reproductive Health Preservice and Inservice National Clinical Training Systems in Turkey*. JHPIEGO Corporation: Baltimore, MD. (Technical Report JHP-18)

The TRH Project began the preservice initiative in 1997 when the Turkish Ministry of Health's General Directorate for Maternal and Child Health and Family Planning (MOH GD/MCH/FP) made improving both preservice and inservice midwifery education a priority. To support the strengthened midwifery preservice system, the MOH GD/MCH/FP also worked to reduce the costs, limit the duration, and sharpen the focus of inservice training. The TRH Project first developed vocational midwifery FP/RH training materials and began strengthening eight vocational midwifery schools. Clinical training sites developed for preservice medical education and inservice training in a previous TRH Project initiative were used to reduce program costs and increase program efficiency.

In 1999, the focus of the TRH Project shifted slightly when the MOH upgraded midwifery preservice education by moving it from vocational schools into university-based programs overseen by the Council on Higher Education. This move helped ensure that midwifery preservice programs are up-to-date, standardized, and have the proper infrastructure in place. The TRH Project developed a university-based midwifery curriculum in 1999, which was in line with the vocational midwifery school training materials. JHPIEGO standardized the use of the newly developed curriculum in 19 university-based schools by improving the knowledge and skills of clinical instructors, standardizing clinical training approaches, and strengthening 23 clinical training sites used by the midwifery programs. In doing so, the program worked with the university-based midwifery faculty, resulting in improved quality of classroom instruction and strengthened supervision of students during clinical rotations.

The TRH Project's considerable body of experience in the preservice arena is collected in the *Preservice Implementation Guide: A Process for Strengthening Preservice Education*.³ This document describes the step-by-step process used to create a positive environment on the national level for strengthening preservice education and the steps taken on the institutional level to improve the existing curriculum and its implementation.

For additional information, contact Dr. Ronald Magarick, TRH Project Director (rmagarick@jhpiego.net).

Graduates of strengthened preservice education programs are able to provide healthcare services immediately because they have:

- standardized knowledge and a set of core technical competencies (e.g., how to conduct a physical examination, how to provide family planning counseling); and
- appropriate client-provider attitudes and communication skills acquired through mentoring by faculty and clinical preceptors throughout the course of their study.

This level of sustainable, high quality care is achieved when preservice programs:

- update their curricula and ensure these materials use a competency-based approach;
- strengthen the clinical knowledge and skills of faculty and preceptors;
- introduce the use of humanistic, mastery learning approaches; and
- strengthen clinical training sites and use these sites to ensure a link between the preservice education and inservice training systems.

Once competency-based, up-to-date RH/FP education is established within a preservice program, graduates with the knowledge and skills necessary to provide high quality reproductive healthcare are deployed to service delivery sites each year, thus ensuring a continual availability of skilled, up-to-date providers.

³ Schaefer L (ed). 2002. *Preservice Implementation Guide: A Process for Strengthening Preservice Education*. JHPIEGO Corporation: Baltimore, MD. Adapted with permission from the World Health Organization (WHO) document *Integrated Management of Childhood Illness (IMCI): Planning, Implementing and Evaluating Preservice Training*. 2001. WHO: Geneva. (working draft)